

AMENDED IN ASSEMBLY AUGUST 8, 2008  
AMENDED IN ASSEMBLY JULY 14, 2008  
AMENDED IN ASSEMBLY JULY 1, 2008  
AMENDED IN ASSEMBLY JUNE 18, 2008  
AMENDED IN ASSEMBLY JUNE 5, 2008  
AMENDED IN ASSEMBLY MAY 13, 2008  
AMENDED IN ASSEMBLY MARCH 11, 2008  
AMENDED IN ASSEMBLY JUNE 11, 2007  
AMENDED IN SENATE MARCH 12, 2007

**SENATE BILL**

**No. 158**

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**Introduced by Senator Florez**

January 30, 2007

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~~An act to repeal and add Article 3.5 (commencing with Section 1288.5) of Chapter 2 of Division 2 of the Health and Safety Code, An act to amend Sections 1288.5 and 1288.8 of, and to add Sections 1288.45 and 1288.95 to, the Health and Safety Code, relating to health facilities.~~

LEGISLATIVE COUNSEL'S DIGEST

SB 158, as amended, Florez. Hospitals: ~~infection control~~. *patient safety and infection control*.

Existing law provides for the licensure and regulation by the State Department of Public Health of health facilities, including general acute care hospitals, acute psychiatric hospitals, and special hospitals, as defined. A violation of these provisions is a crime.

~~Existing law establishes specified licensing and certification program fees for various health facilities, including general acute care hospitals.~~

Existing law requires health facilities to implement various measures to protect against the spread of infection in health facilities.

Existing law establishes the Hospital Infectious Disease Control Program, which, among other things, requires the department and general acute care hospitals to implement various measures relating to disease surveillance and the prevention of health care associated infection (HAI). In that regard, the department is required, by July 1, 2007, to appoint a ~~Health Care~~ *Healthcare* Associated Infection Advisory Committee (HAI-AC), composed of specified members, to make recommendations related to methods of reporting cases of hospital acquired infections occurring in general acute care hospitals, as provided.

Existing law also requires each general acute care hospital, in collaboration with infection prevention and control professionals, and with the participation of senior health care facility leadership, as a component of its strategic plan, at least once every 3 years, to prepare a written report that examines the hospital's existing resources and evaluates the quality and effectiveness of the hospital's infection surveillance and prevention program, including specified information.

~~This bill would repeal the above-described provisions relating to the Hospital Infectious Disease Control Program and require the department to establish a health care infection surveillance, prevention, and control program within the department, as specified and require the department, the HAI-AC, and general acute care hospitals, as defined, to take specified actions to implement the program.~~

~~The bill would require the State Public Health Officer to appoint the Health Care Associated Infections Advisory Committee that would make recommendations on methods of reporting designated HAI and evaluating process measures to prevent HAI.~~

This bill would also require, no later than January 1, 2010, specified training for a physician designated as the hospital epidemiologist or infection surveillance, prevention, and control committee chairperson. Also, beginning in January 2010, the bill would require prescribed training for other hospital staff, as specified.

By changing the definition of an existing crime, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1 SECTION 1. (a) The Legislature finds and declares all of the  
2 following:

3 (1) During the past two decades, ~~health-care-associated~~  
4 *hospital-associated* infections (HAI), especially those that are  
5 resistant to commonly used antibiotics, have increased dramatically  
6 in California.

7 (2) There is currently no system within the State Department  
8 of Public Health to determine the incidence or prevalence of HAI  
9 or to determine if current infection prevention and control measures  
10 are effective in reducing HAI.

11 (3) A significant percentage of HAI can be prevented with  
12 intense programs for surveillance and the development,  
13 implementation, and constant evaluation and monitoring of  
14 prevention strategies.

15 (4) There is currently inadequate regulatory oversight of hospital  
16 surveillance, prevention, and control programs by the department.

17 (5) The protection of patients in a general acute care hospital is  
18 of paramount importance to the citizens of California.

19 (6) Existing state law requires the department to establish and  
20 maintain an inspection and reporting system to ensure that general  
21 acute care hospitals are in compliance with state statutes and  
22 regulations. Existing law also requires general acute care hospitals  
23 receiving funding from the *federal* Centers for Medicare and  
24 Medicaid Services to be in compliance with the federal regulations  
25 known as the “conditions of participation.”

26 (b) It is the intent of the Legislature to enact legislation to ensure  
27 the occurrence of all of the following:

28 ~~(1) The establishment of general acute care hospital infection~~  
29 ~~surveillance, prevention, and control programs that report~~  
30 ~~designated HAI internally to the infection control committee and~~

1 the governing body of the hospital and, as required, externally to  
2 the department and to the National Healthcare Safety Network  
3 (NHSN).

4 (2) ~~With assistance from the State Department of Public Health,~~  
5 ~~the development and dissemination~~

6 (1) *Establishment of an infection surveillance, prevention, and*  
7 *control program within the State Department of Public Health.*

8 (2) *Dissemination of current evidence-based standards of*  
9 *hospital infection surveillance, prevention, and control practices.*

10 (3) ~~Regulatory Improvement of regulatory oversight.~~

11 (4) ~~General acute care hospital reports~~ *Reports of the incidence*  
12 *rate of designated HAI are made to the department, and as*  
13 *applicable, to the NHSN National Healthcare Safety Network*  
14 *(NHSN) of the federal Centers for Disease Control and Prevention.*

15 (5) ~~The development and implementation by the department of~~

16 (5) *Development and implementation of an Internet-based public*  
17 *reporting system that summarizes and analyzes the incidence of*  
18 ~~HAI~~ *rate of HAI, risk factors for HAI, and the microorganisms*  
19 *that cause these infections HAI.*

20 (6) ~~General acute care hospital maintenance~~ *Maintenance of a*  
21 *sanitary environment and patient hygiene to avoid transmission*  
22 *of pathogens that cause HAI.*

23 SEC. 2. ~~Article 3.5 (commencing with Section 1288.5) of~~  
24 ~~Chapter 2 of Division 2 of the Health and Safety Code is repealed.~~

25 SEC. 3. ~~Article 3.5 (commencing with Section 1288.5) is added~~  
26 ~~to Chapter 2 of Division 2 of the Health and Safety Code, to read:~~

27  
28 Article 3.5. Health Care Associated Infections  
29

30 1288.5. ~~For purposes of this article, the following definitions~~  
31 ~~shall apply:~~

32 (a) ~~“Advisory committee” means the Health Care Associated~~  
33 ~~Infections Advisory Committee (HAI-AC).~~

34 (b) ~~“Antibiotic-resistant microorganism” means any~~  
35 ~~microorganism, primarily bacteria, that are resistant to one or more~~  
36 ~~classes of antimicrobial agents.~~

37 (c) ~~“Health care associated infection” or “HAI” means a health~~  
38 ~~care associated infection, defined by the federal Centers for Disease~~  
39 ~~Control and Prevention (CDC) as, any localized or systemic~~  
40 ~~condition resulting from an adverse reaction to an infectious agent~~

1 or its toxin that both occurs in a patient in a hospital and was found  
2 not to be present or incubating in that patient at the time of  
3 admission to the hospital, unless the infection was related to a  
4 previous admission to the same hospital.

5 (d) “Hospital” means a general acute care hospital as defined  
6 pursuant to subdivision (a) of Section 1250.

7 (e) “MRSA” means methicillin-resistant *Staphylococcus aureus*.

8 (f) “National Healthcare Safety Network” or “NHSN” means  
9 the secure, Internet-based system developed and maintained by  
10 the federal Centers for Disease Control and Prevention (CDC) to  
11 collect, analyze, and report data related to the incidence of HAI  
12 and the process measures implemented to prevent these infections.

13 (g) “Professional staff” means a registered nurse, medical  
14 technologist, or other salaried staff who, within two years of  
15 appointment, meets the education and experience requirements  
16 for certification established by the national Certification Board for  
17 Infection Control and Epidemiology (CBIC), but does not include  
18 a physician who is appointed or receives a stipend as the infection  
19 prevention and control committee chairperson or hospital  
20 epidemiologist.

21 (h) “Program” means the health care infection surveillance,  
22 prevention, and control program within the department.

23 (i) “Serious disability” means a physical or mental impairment  
24 that substantially limits one or more major life activities of an  
25 individual, or loss of bodily function.

26 1288.6. The department shall establish a health care infection  
27 surveillance, prevention, and control program pursuant to this  
28 article.

29 1288.7. In order to decrease the incidence of HAI, the  
30 department shall do all of the following as part of the program:

31 (a) Adopt the federal regulations, also known as the conditions  
32 of participation, and interpretive guidelines as the method by which  
33 all hospitals shall be surveyed.

34 (b) Provide annual education and training to department staff  
35 to effectively survey hospitals for compliance with infection  
36 surveillance and prevention recommendations and regulations.

37 (c) Develop a statewide electronic reporting database to monitor  
38 the incidence of HAI caused by antibiotic-resistant microorganisms,  
39 including, but not limited to, methicillin-resistant *Staphylococcus*  
40 *aureus* and the incidence of specified HAI, including, but not

1 limited to, bloodstream infections, surgical site infections, and, as  
2 required by the department, ventilator associated pneumonia.

3 ~~(d) Provide consultation and assistance to all licensed health~~  
4 ~~care facilities and other state agencies.~~

5 ~~(e) Provide current Internet accessible infection prevention~~  
6 ~~materials and information to the public.~~

7 ~~(f) Investigate the following:~~

8 ~~(1) Clusters and outbreaks of infections.~~

9 ~~(2) Infections that cause death or serious disability to patients.~~

10 ~~(g) Provide sufficient laboratory capacity to support health care~~  
11 ~~facilities and local health departments with pathogen identification,~~  
12 ~~molecular epidemiology, and antimicrobial susceptibility testing~~  
13 ~~for the investigation of outbreaks and surveillance of unusual~~  
14 ~~pathogens.~~

15 ~~(h) Employ professional staff, consisting of, at minimum, four~~  
16 ~~nurse consultants and one nurse consultant supervisor, to provide~~  
17 ~~regulatory oversight, written recommendations, guidance, and~~  
18 ~~consultation related to community and health care associated~~  
19 ~~infections.~~

20 ~~(i) At least every two years provide to the Governor, the~~  
21 ~~Legislature, and the Chairs of the Senate Committee on Health~~  
22 ~~and Assembly Committee on Health, and post on the department's~~  
23 ~~Internet Web site, a summary of each hospital's infection rates~~  
24 ~~and compliance with process measures as recommended for~~  
25 ~~implementation by the HAI-AC.~~

26 ~~(j) At least every two years, report a summary to the HAI-AC~~  
27 ~~of infection surveillance, prevention, and control deficiencies cited~~  
28 ~~during any hospital survey performed by the department and the~~  
29 ~~joint commission.~~

30 ~~(k) At least every three years perform a random, unannounced~~  
31 ~~survey of hospitals to validate compliance with the federal~~  
32 ~~"conditions of participation" established by the federal Centers~~  
33 ~~for Medicare and Medicaid Services and the implementation of~~  
34 ~~state legislation related to infection control.~~

35 1288.8. ~~(a) There is hereby established the Health Care~~  
36 ~~Associated Infections Advisory Committee (HAI-AC), to be~~  
37 ~~appointed by the State Public Health Officer. The HAI-AC shall~~  
38 ~~be advisory to the department's program and shall do all of the~~  
39 ~~following:~~

1     ~~(1) Recommend methods by which hospitals would be required~~  
2 ~~to report designated HAI, including those associated with~~  
3 ~~antibiotic-resistant microorganisms, to the NHSN, the department,~~  
4 ~~and the public.~~

5     ~~(2) Recommend evidence-based process measures that would~~  
6 ~~be required to be implemented, monitored, and reported to the~~  
7 ~~NHSN or the department.~~

8     ~~(3) Review and evaluate, on an ongoing basis, federal and state~~  
9 ~~legislation and regulations and communicate to the department~~  
10 ~~how hospital infection prevention and control programs will be~~  
11 ~~impacted by them.~~

12     ~~(4) Annually review a summary of infection surveillance,~~  
13 ~~prevention, and control deficiencies cited during any hospital~~  
14 ~~survey performed by the department and the Joint Commission~~  
15 ~~for the Accreditation of Hospitals.~~

16     ~~(b) The HAI-AC shall include persons with expertise in the~~  
17 ~~surveillance, prevention, and control of hospital-acquired~~  
18 ~~infections, including department staff, local health department~~  
19 ~~officials, health care infection control professionals, health care~~  
20 ~~providers, physicians with expertise in infectious disease and~~  
21 ~~hospital epidemiology, integrated health care systems experts or~~  
22 ~~representatives, and at least two health at large care consumers.~~

23     ~~(c) The HAI-AC shall meet at least quarterly, alternating the~~  
24 ~~meeting places between northern and southern California. The~~  
25 ~~advisory committee shall serve without remuneration, but shall be~~  
26 ~~reimbursed for travel-related expenses to include transportation,~~  
27 ~~hotel, and meals at the state per diem reimbursement rate.~~

28     ~~1288.9. (a) No later than January 1, 2010, physicians~~  
29 ~~designated as the hospital epidemiologist or infection surveillance,~~  
30 ~~prevention, and control committee chairpersons shall participate~~  
31 ~~in a continuing medical education (CME) training program~~  
32 ~~coffered by the federal Centers for Disease Control and Prevention~~  
33 ~~and the Society for Healthcare Epidemiologists of America, or~~  
34 ~~other professional organization. The CME program shall be specific~~  
35 ~~to infection surveillance, prevention, and control. Documentation~~  
36 ~~of attendance shall be placed in the physicians' credentialing file.~~

37     ~~(b) Beginning January 2010, all staff and contract physicians~~  
38 ~~and all other licensed independent contractors, including, but not~~  
39 ~~limited to, nurse practitioners and physician assistants, shall be~~  
40 ~~trained in methods to prevent transmission of health care associated~~

1 pathogens, including, but not limited to, MRSA and *Clostridium*  
2 *difficile* in hospitals and in the community setting. Patients  
3 determined to be infected or colonized with any health care  
4 associated pathogen shall be instructed by a physician or other  
5 health care professional on methods to prevent transmission to  
6 other persons after discharge.

7 (e) To prevent transmission of health care associated infections,  
8 beginning January 2010, all permanent, temporary, and contractual  
9 hospital employees who have contact with a patient shall be trained  
10 in infection prevention and control measures, including, but not  
11 limited to, hand hygiene, transmission prevention precautions and  
12 other facility-specific isolation measures, patient hygiene, and  
13 environmental sanitation measures. The training shall be given to  
14 new employees prior to having any patient contact, annually, and  
15 when new prevention measures have been adopted by the infection  
16 surveillance, prevention, and control committee.

17 (d) Environmental services staff shall be trained and shall be  
18 observed for compliance with hospital sanitation measures. The  
19 training shall be given at the start of employment, and when new  
20 prevention measures have been adopted. Cultures of the  
21 environment may be randomly obtained to determine compliance  
22 with hospital sanitation procedures.

23 *SEC. 2. Section 1288.45 is added to the Health and Safety*  
24 *Code, to begin Article 3.5 of Chapter 2 of Division 2, to read:*

25 *1288.45. For purposes of this article, the following definitions*  
26 *shall apply:*

27 (a) “Advisory committee” or “HAI-AC” means the Healthcare  
28 Associated Infection Advisory Committee.

29 (b) “Antibiotic-resistant microorganism” means any  
30 microorganism, primarily bacteria, that are resistant to one or  
31 more classes of antimicrobial agents.

32 (c) “Hospital-associated infection” or “HAI” means an  
33 infection defined by the National Health and Safety Network of  
34 the federal Centers for Disease Control and Prevention, as any  
35 localized or systemic condition resulting from an adverse reaction  
36 to the presence of an infectious agent or its toxin that both occurs  
37 in a patient in a hospital and was found not to be present or  
38 incubating in that patient at the time of admission to the hospital,  
39 unless the infection was related to a previous admission to a  
40 hospital.



1 (d) “Hospital” means a general acute care hospital as defined  
2 pursuant to subdivision (a) of Section 1250.

3 (e) “Infection prevention professional” means a registered  
4 nurse, medical technologist, or other salaried employee or  
5 consultant who, within two years of appointment, will meet the  
6 education and experience requirements for certification established  
7 by the national Certification Board for Infection Control and  
8 Epidemiology (CBIC), but does not include a physician who is  
9 appointed or receives a stipend as the infection prevention and  
10 control committee chairperson or hospital epidemiologist.

11 (f) “MRSA” means methicillin-resistant *Staphylococcus aureus*.

12 (g) “National Healthcare Safety Network” or “NHSN” means  
13 a secure, Internet-based system developed and managed by the  
14 federal Centers for Disease Control and Prevention (CDC) to  
15 collect, analyze, and report risk-adjusted HAI data related to the  
16 incidence of HAI and the process measures implemented to prevent  
17 these infections.

18 (h) “Program” means the health care infection surveillance,  
19 prevention, and control program within the department.

20 (i) “Serious disability” means a physical or mental impairment  
21 that substantially limits one or more of the major life activities of  
22 an individual, or loss of bodily function, if the loss or impairment  
23 lasts more than seven days or is still present at the time of  
24 discharge from an inpatient health care facility, or the loss of a  
25 body part.

26 SEC. 3. Section 1288.5 of the Health and Safety Code is  
27 amended to read:

28 1288.5. (a) By July 1, 2007, the department shall appoint a  
29 Healthcare Associated Infection—~~(HAI)~~ Advisory Committee  
30 (HAI-AC) that shall make recommendations related to methods of  
31 reporting cases of hospital acquired infections occurring in general  
32 acute care hospitals, and shall make recommendations on the use  
33 of national guidelines and the public reporting of process measures  
34 for preventing the spread of HAI that are reported to the department  
35 pursuant to subdivision (b) of Section 1288.8. ~~The~~

36 (b) The advisory committee shall include persons with expertise  
37 in the surveillance, prevention, and control of hospital-acquired  
38 infections, including department staff, local health department  
39 officials, health care infection control professionals, hospital  
40 administration professionals, health care providers, health care

1 consumers, physicians with expertise in infectious disease and  
2 hospital epidemiology, and integrated health care systems experts  
3 or representatives.

4 *(c) The advisory committee shall meet at least every quarter*  
5 *and shall serve without compensation, but shall be reimbursed for*  
6 *travel-related expenses that include transportation, lodging, and*  
7 *meals at the state per diem reimbursement rate.*

8 *(d) In addition to the responsibilities enumerated in subdivision*  
9 *(a), the advisory committee shall do all of the following:*

10 *(1) Review and evaluate federal and state legislation,*  
11 *regulations, and accreditation standards and communicate to the*  
12 *department how hospital infection prevention and control programs*  
13 *will be impacted.*

14 *(2) In accordance with subdivision (a) of Section 1288.6,*  
15 *recommend a method by which the number of infection prevention*  
16 *professionals would be assessed in each hospital.*

17 *(3) Recommend an educational curriculum by which health*  
18 *facility evaluator nurses and department consultants would be*  
19 *trained to survey for hospital infection surveillance, prevention,*  
20 *and control programs.*

21 *(4) Recommend a method by which hospitals are audited to*  
22 *determine the validity and reliability of data submitted to the NHSN*  
23 *and the department.*

24 *(5) Recommend a standardized method by which an HAI*  
25 *occurring after hospital discharge would be identified.*

26 *(6) Recommend a method by which risk-adjusted HAI data*  
27 *would be reported to the public, the Legislature, and the Governor.*

28 *(7) Recommend a standardized method by which department*  
29 *health facility evaluator nurses and consultants would evaluate*  
30 *health care workers for compliance with infection prevention*  
31 *procedures including, but not limited to, hand hygiene and*  
32 *environmental sanitation procedures.*

33 *(8) Recommend a method by which all hospital infection*  
34 *prevention professionals would be trained to use the NHSN HAI*  
35 *surveillance reporting system.*

36 *SEC. 4. Section 1288.8 of the Health and Safety Code is*  
37 *amended to read:*

38 1288.8. (a) By January 1, 2008, the department shall take all  
39 of the following actions to protect against ~~health care associated~~

1 *hospital-associated* infection (HAI) in general acute care hospitals  
2 statewide:

3 (1) Implement an HAI surveillance and prevention program  
4 designed to assess the department's resource needs, educate health  
5 facility evaluator nurses in HAI, and educate department staff on  
6 methods of implementing recommendations for disease prevention.

7 (2) Investigate the development of electronic reporting databases  
8 and report its findings to the HAI advisory committee established  
9 pursuant to Section 1288.5.

10 (3) Revise existing and adopt new administrative regulations,  
11 as necessary, to incorporate current *federal* Centers for Disease  
12 Control and Prevention (CDC) guidelines and standards for HAI  
13 prevention.

14 (4) Require that general acute care hospitals develop a process  
15 for evaluating the judicious use of antibiotics, the results of which  
16 shall be monitored jointly by appropriate representatives and  
17 committees involved in quality improvement activities.

18 (b) On and after January 1, 2008, each general acute care  
19 hospital shall implement and annually report to the department on  
20 its implementation of infection surveillance and infection  
21 prevention process measures that have been recommended by the  
22 *federal* Centers for Disease Control and Prevention—(CDC)  
23 Healthcare Infection Control Practices Advisory Committee, as  
24 suitable for a mandatory public reporting program. Initially, these  
25 process measures shall include the CDC guidelines for central line  
26 insertion practices, surgical antimicrobial prophylaxis, and  
27 influenza vaccination of patients and healthcare personnel. In  
28 consultation with the advisory committee established pursuant to  
29 Section 1288.5, the department shall make this information public  
30 no later than six months after receiving the data.

31 (c) The Healthcare Associated Infection Advisory Committee  
32 shall make recommendations for phasing in the implementation  
33 and public reporting of additional process measures and outcome  
34 measures by January 1, 2008, and, in doing so, shall consider the  
35 measures recommended by the CDC.

36 (d) Each general acute care hospital shall also submit data on  
37 implemented process measures to the National Healthcare Safety  
38 Network of the CDC, or to any other scientifically valid national  
39 HAI reporting system based upon the recommendation of the  
40 *federal* Centers for Disease Control—(CDC) *and Prevention*

1 Healthcare Infection Control Practices Advisory Committee.  
2 Hospitals shall utilize the Centers for Disease Control and  
3 Prevention definitions and methodology for surveillance of HAI.  
4 Hospitals participating in the California Hospital Assessment and  
5 Reporting Task Force (CHART) shall publicly report those HAI  
6 measures as agreed to by all CHART hospitals.

7 *(e) In addition to the requirements in subdivision (a), the*  
8 *department shall establish an infection surveillance, prevention,*  
9 *and control program to do all of the following:*

10 *(1) Designate infection prevention professionals who shall serve*  
11 *as consultants to the department's health facility evaluator nurses*  
12 *and consultants and hospitals.*

13 *(2) Provide education and training to department health facility*  
14 *evaluator nurses and consultants to effectively survey hospitals*  
15 *for compliance with infection surveillance, prevention, and control*  
16 *recommendations, as well as state and federal statutes and*  
17 *regulations.*

18 *(3) By January 1, 2010, develop a statewide electronic reporting*  
19 *system or utilize an existing database system capable of receiving*  
20 *electronically transmitted reports from hospitals related to HAI.*

21 *(4) Provide current infection prevention and control information*  
22 *to the public on the Internet.*

23 *(5) Provide to the Governor, the Legislature, and the Chairs of*  
24 *the Senate Committee on Health and Assembly Committee on*  
25 *Health an annual report of each hospital's risk-adjusted HAI*  
26 *incidence rates. The HAI data shall be adjusted for potential*  
27 *differences in risk factors for each reporting hospital, an analysis*  
28 *of trends in HAI rates across the state, region and, if applicable*  
29 *national comparisons for the purpose of comparing individual*  
30 *hospital performance. HAI data shall also be adjusted considering*  
31 *the number of licensed beds per hospital and whether the hospital*  
32 *is a community nonteaching, community teaching, or university*  
33 *hospital. The report shall be posted on the department's Web site*  
34 *as reports of specific HAI are available for public reporting.*

35 SEC. 5. Section 1288.95 is added to the Health and Safety  
36 Code, to read:

37 1288.95. (a) No later than January 1, 2010, a physician  
38 designated as a hospital epidemiologist or infection surveillance,  
39 prevention, and control committee chairperson shall participate  
40 in a continuing medical education (CME) training program offered

1 *by the federal Centers for Disease Control and Prevention (CDC)*  
2 *and the Society for Healthcare Epidemiologists of America, or*  
3 *other recognized professional organization. The CME program*  
4 *shall be specific to infection surveillance, prevention, and control.*  
5 *Documentation of attendance shall be placed in the physicians'*  
6 *credentialing file.*

7 *(b) Beginning January 2010, all staff and contract physicians*  
8 *and all other licensed independent contractors, including, but not*  
9 *limited to, nurse practitioners and physician assistants, shall be*  
10 *trained in methods to prevent transmission of HAI, including, but*  
11 *not limited to, MRSA and Clostridium difficile infection.*

12 *(c) By January 2010, all permanent and temporary hospital*  
13 *employees and contractual staff, including students, shall be*  
14 *trained in hospital-specific infection prevention and control*  
15 *policies, including, but not limited to, hand hygiene, facility-specific*  
16 *isolation procedures, patient hygiene, and environmental sanitation*  
17 *procedures. The training shall be given annually and when new*  
18 *policies have been adopted by the infection surveillance,*  
19 *prevention, and control committee.*

20 *(d) Environmental services staff shall be trained by the hospital*  
21 *and shall be observed for compliance with hospital sanitation*  
22 *measures. The training shall be given at the start of employment,*  
23 *when new prevention measures have been adopted, and annually*  
24 *thereafter. Cultures of the environment may be randomly obtained*  
25 *by the hospital to determine compliance with hospital sanitation*  
26 *procedures.*

27 **SEC. 4.**

28 **SEC. 6.** No reimbursement is required by this act pursuant to  
29 Section 6 of Article XIII B of the California Constitution because  
30 the only costs that may be incurred by a local agency or school  
31 district will be incurred because this act creates a new crime or  
32 infraction, eliminates a crime or infraction, or changes the penalty  
33 for a crime or infraction, within the meaning of Section 17556 of  
34 the Government Code, or changes the definition of a crime within  
35 the meaning of Section 6 of Article XIII B of the California  
36 Constitution.